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Illinois Department of Public Aid

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INFORMATIONAL NOTICE

TO: Participating Physicians and Advanced Practice Nurses

RE: Billing for Antepartum Care

Effective April 1, 2004, the department will no longer accept CPT code 59420, 59425 or 59426 for antepartum care. Claims received with CPT code 59420, 59425 or 59426 for dates of service on or after April 1, 2004, will be rejected.

The department does not pay a global rate for antepartum care, delivery and postpartum care. These services are reimbursed separately. The department's requirements effective April 1, 2004 are outlined below.

Initial prenatal visit

For a patient new to the practice, use the appropriate Evaluation and Management office visit CPT code. In a group practice, the initial visit may only be billed once. For an established patient, use the appropriate Evaluation and Management office visit CPT code with modifier TH to designate a prenatal visit.

Subsequent prenatal visits

Use the appropriate Evaluation and Management office visit code with modifier TH to designate a routine prenatal visit.

Visits for medical complications of pregnancy

Use the appropriate Evaluation and Management office visit code without the TH modifier to designate a visit for a medical complication of pregnancy.

Delivery

Use the appropriate CPT delivery code to designate the type of delivery performed.

Postpartum Care

Use CPT code 59430. A charge may be submitted for only one (1) six-week postpartum visit per client per delivery.

Any questions regarding this notice should be directed to the Bureau of Comprehensive Health Services at 217-782-5565.

Anne Marie Murphy, Ph.D.
Administrator
Division of Medical Programs